Ŷ				[0]	10	39	949						
	PATENT A	Application or Docket Number  126956 USD S											
CLAIMS AS FILED - PART I (Column 2)							SMALI	SMALL ENTITY TYPE			OTHER THAN		
TC	TAL CLAIMS		.6				RAT	RATE FEE		1	RATE	FEE	
FOR			NUMBER PILED		MAMBER EXTRA		BASIC	BASIC FEE 375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• /		XSS	X\$ 9=.		OR	X\$18-		
INDEPENDENT CLAIMS			/ minus 3 =				X42	X42=		OR	X84=	·	
MULTIPLE DEPENDENT CLAIM PRESENT						+140			ОЯ	+280a			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	1L	375	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								u.	NTTTY	OR	OTHER SMALL		
AMENOMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID (	BER	PRESENT EXTRA	RATI	€.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 6.	Minus	-20	)	=	X\$ 9			OR	X\$18=		
	Independent	NTATION OF M	Minus	ew)	CI AIM	-	X42:	•		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=		
Ω	3/23/06	Blalch					ADDIT. F			OR	YOTAL ADOIT, FEE		
<i>\\\</i>	www. 7	(Column 1)		(Colum		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENOMENT	1	PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	• 6	Minus	* ~	20	- Ø	X\$ 9			OR	X\$18=	·	
AME	Independent	* /	Minus RTIPLE DEP	ENDENT	3 CI AIM	-0	X42=	$\cdot$		OR	X84=		
				0.100.11	<b>100</b> 4181		+140:			ОЯ	+280=	,	
	./ ,						101	_	$- \forall$	OF	TOTAL		
	4/24/06	· (Column 1)		(Colum		(Column 3)	ADDIT F			/ ,	NDOIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL	

"If the citry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR ADDIT. FEE

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate boat in column 1.

FORM PTO-675 (Rex 12/02)

Total

Independent

\*U.S. Gargerance Politing Office: 2000 -- 408-278489151

· 20

Mirus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

FEE

X\$ 9=

X42=

+140=

FEE

X\$18=

X84=

+280=

OR ADDIT. FEE